

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket: MAOR2

In re Application of:) Attn: Refund Section
Zeev MAOR) Alexandria, V.A.
Appln. No.: 09/582,522) Conf. No.: 8228
Filed: August 24, 2000) Alexandria, V.A.
For: A GEL COMPOSITION FOR SKIN) April 11, 2007
CARE AND PROTECTION AND...)

REQUEST FOR REFUND

BOX M. Fee
Honorable Commissioner of Patents
U.S. Patent and Trademark Office
Randolph Building, Mail Stop M Correspondence
Alexandria, VA 22314

Sir:

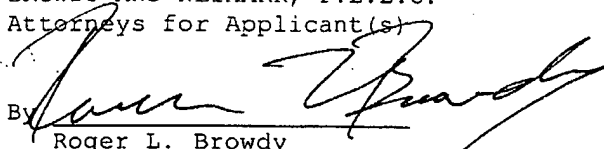
Applicant hereby claims small entity status. See 37
C.F.R. §1.27.

Pursuant to 37 C.F.R. §1.28(a), request is hereby made
for refund of that portion of the \$1,500.00 fee paid in the above-
identified application on February 9, 2007, in excess of that
amount which would have been due had small entity status been
claimed at the time of said payment.

The undersigned hereby requests that the refund due in
the amount of \$750.00 be credited to the credit card to which the
payment was originally charged, or to deposit account no. 02-4035.

Respectfully submitted,

BROWDY AND NEIMARK, P.L.L.C.
Attorneys for Applicant(s)

By 
Roger L. Browdy
Registration No. 25,618

0030048227

Credit Card Refund Total: \$130.00

Am Exp.: XXXXXXXXXXXX1004

RLB:tst

Telephone No.: (202) 628-5197

Facsimile No.: (202) 737-3528

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Adjustment date: 12/14/2007 CKHLOK
04/18/2007-SDIRETA1-00000006-09582522
01 FC:1464

-130.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|--------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>12/13/07</u> | | 2 Serial/Patent # <u>9/582522</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Petition | PET. DP | 2/9/07 | \$ 130 | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 130 | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | Treasury Check | | | | | | | | | |
| | | Credit Deposit A/C #: | | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> </tr> </table> | | | 0 | 2 | -- | 4 | 0 | 3 | 5 |
| 0 | 2 | -- | 4 | 0 | 3 | 5 | | | | | |
| 10 REASON: | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| 130 Fee unnecessary because petition fee of 750 already paid. | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Diagne Goodwyn</u> | | TITLE: <u>Paralegal</u> | | | | | | | | | |
| SIGNATURE: <u><i>Diagne Goodwyn</i></u> | | PHONE: <u>2-6735</u> | | | | | | | | | |
| OFFICE: <u>OP</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u><i>Chhok</i></u> | | DATE: <u>12/14/07</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: